## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450

|                                                                                                                                                        |                                                                                                                                                                                   |                                                                                          | or <u>F</u> a                                                                            | <u>x</u> (571) 273-2885                                                                                                                                        |                                                                                                                                                       |                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INSTRUCTIONS: This for<br>appropriate. All further co-<br>indicated unless corrected<br>maintenance fee notification                                   | rrespondence including the<br>below or directed otherwise                                                                                                                         | smitting the ISSU<br>Patent, advance of<br>in Block I, by (a                             | JE FEE and Purders and notifical specifying a                                            | JBLICATION FEE (if rec<br>cation of maintenance fees<br>new correspondence address                                                                             | uired). Blocks 1 through 5<br>will be mailed to the curre<br>s; and/or (b) indicating a se                                                            | should be completed where<br>int correspondence address as<br>eparate "FEE ADDRESS" for                                                                         |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                           |                                                                                                                                                                                   |                                                                                          |                                                                                          | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying |                                                                                                                                                       |                                                                                                                                                                 |
| 29153 7590 09/30/2005                                                                                                                                  |                                                                                                                                                                                   |                                                                                          |                                                                                          | papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.                           |                                                                                                                                                       |                                                                                                                                                                 |
| ATI TECHNOL<br>C/O VEDDER PR<br>222 N.LASALLE<br>CHICAGO, IL 60                                                                                        | ICE KAUFMAN & KA<br>STREET                                                                                                                                                        |                                                                                          | C. LAPOZ                                                                                 | I hereby certify that<br>States Postal Service<br>addressed to the M<br>transmitted to the US                                                                  | ertificate of Mailing or Tra<br>this Fee(s) Transmittal is be<br>with sufficient postage for<br>ail Stop ISSUE FEE addre<br>PTO (571) 273-2885, on th | ensmission<br>eing deposited with the United<br>first class mail in an envelope<br>ess above, or being facsimile<br>e date indicated below.                     |
| 04/2006 SHASSEN2 0000                                                                                                                                  |                                                                                                                                                                                   | i8 \3 JAN 0                                                                              | ريو 3 2006                                                                               | Christ                                                                                                                                                         |                                                                                                                                                       | (Depositor's name)                                                                                                                                              |
| FC:1501 1400.00<br>FC:8001 18.00                                                                                                                       |                                                                                                                                                                                   | B PARAD                                                                                  | EMARK OFF                                                                                |                                                                                                                                                                | er 30, 2005                                                                                                                                           | (Signature) (Date)                                                                                                                                              |
| APPLICATION NO.                                                                                                                                        | FILING DATE                                                                                                                                                                       |                                                                                          | FIRST NAMED I                                                                            | NVENTOR                                                                                                                                                        | ATTORNEY DOCKET NO                                                                                                                                    | . CONFIRMATION NO.                                                                                                                                              |
| 09/687,858                                                                                                                                             | 10/13/2000                                                                                                                                                                        |                                                                                          | Chak Cheung I                                                                            | Edward Ho                                                                                                                                                      | 0100.0000780                                                                                                                                          | 8827                                                                                                                                                            |
| TITLE OF INVENTION: /                                                                                                                                  | APPARATUS FOR SYNCHI                                                                                                                                                              | RONIZATION OF                                                                            | DOUBLE DAT                                                                               | A RATE SIGNALING                                                                                                                                               |                                                                                                                                                       |                                                                                                                                                                 |
| APPLN. TYPE                                                                                                                                            | SMALL ENTITY                                                                                                                                                                      | ISSUE FEE                                                                                |                                                                                          | PUBLICATION FEE                                                                                                                                                | TOTAL FEE(S) DUE                                                                                                                                      | DATE DUE                                                                                                                                                        |
| nonprovisional                                                                                                                                         | NO                                                                                                                                                                                | \$1400                                                                                   |                                                                                          | \$0                                                                                                                                                            | \$1400                                                                                                                                                | 12/30/2005                                                                                                                                                      |
| EXAMINER                                                                                                                                               |                                                                                                                                                                                   | ART UN                                                                                   | ar T                                                                                     | CLASS-SUBCLASS                                                                                                                                                 | ]                                                                                                                                                     |                                                                                                                                                                 |
| CHANG, ERIC                                                                                                                                            |                                                                                                                                                                                   | 2116                                                                                     |                                                                                          | 713-001000                                                                                                                                                     |                                                                                                                                                       |                                                                                                                                                                 |
| Change of correspon<br>Address form PTO/SB/1<br>I "Fee Address" indice<br>PTO/SB/47; Rev 03-02<br>Number is required.  3. ASSIGNEE NAME ANI            | (2) the name of a single firm (har registered attorney or agent) and 2 registered patent attorneys or aglisted, no name will be printed.  E PRINTED ON THE PATENT (print or type) |                                                                                          | torney or agent) and the na<br>patent attorneys or agents.<br>me will be printed.        | he names of up to                                                                                                                                              |                                                                                                                                                       |                                                                                                                                                                 |
|                                                                                                                                                        |                                                                                                                                                                                   |                                                                                          |                                                                                          |                                                                                                                                                                | gnee is identified below, the                                                                                                                         | document has been filed for                                                                                                                                     |
| (A) NAME OF ASSIGN                                                                                                                                     | •                                                                                                                                                                                 |                                                                                          |                                                                                          | (CITY and STATE OR CO                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                 |
| ATI Interna                                                                                                                                            | tional SRL                                                                                                                                                                        |                                                                                          | Christ                                                                                   | church, Barbac                                                                                                                                                 | los                                                                                                                                                   |                                                                                                                                                                 |
| Please check the appropriat                                                                                                                            | e assignee category or catego                                                                                                                                                     | ries (will not be pr                                                                     | inted on the pate                                                                        | ent): 🔲 Individual 🔀                                                                                                                                           | Corporation or other private                                                                                                                          | group entity Government                                                                                                                                         |
| 4a. The following fee(s) are                                                                                                                           | enclosed:                                                                                                                                                                         | 4b                                                                                       | . Payment of Fe                                                                          |                                                                                                                                                                |                                                                                                                                                       |                                                                                                                                                                 |
| Issue Fee                                                                                                                                              | small entity discount permitte                                                                                                                                                    | w/\                                                                                      |                                                                                          | the amount of the fee(s) is a<br>credit card. Form PTO-20.                                                                                                     |                                                                                                                                                       |                                                                                                                                                                 |
| Advance Order - # o                                                                                                                                    |                                                                                                                                                                                   |                                                                                          |                                                                                          |                                                                                                                                                                |                                                                                                                                                       | or credit any overpayment, to<br>a copy of this form).                                                                                                          |
|                                                                                                                                                        | s (from status indicated above<br>MALL ENTITY status. See                                                                                                                         | :)                                                                                       | _                                                                                        |                                                                                                                                                                | ALL ENTITY status. See 37                                                                                                                             |                                                                                                                                                                 |
| The Director of the USPTO                                                                                                                              |                                                                                                                                                                                   | ae Fee and Publica                                                                       | tion Fee (if any)                                                                        |                                                                                                                                                                |                                                                                                                                                       | ication identified above.<br>r the assignee or other party in                                                                                                   |
| Authorized Signature                                                                                                                                   | 02/1                                                                                                                                                                              | les                                                                                      |                                                                                          | Date I                                                                                                                                                         | ecember 30, 20                                                                                                                                        | 05                                                                                                                                                              |
| Typed or printed name                                                                                                                                  | Christopher J                                                                                                                                                                     |                                                                                          |                                                                                          | Registratio                                                                                                                                                    |                                                                                                                                                       |                                                                                                                                                                 |
| This collection of informati<br>an application. Confidentia<br>submitting the completed a<br>this form and/or suggestion<br>Box 1450, Alexandria, Virg | on is required by 37 CFR 1.3<br>lity is governed by 35 U.S.C.<br>pplication form to the USPT<br>s for reducing this burden, sl<br>ginia 22313-1450. DO NOT                        | 11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR C | n is required to<br>1.14. This collect<br>depending upon<br>Chief Informa<br>COMPLETED F | obtain or retain a benefit by<br>ction is estimated to take 12<br>in the individual case. Any<br>tion Officer, U.S. Patent an<br>FORMS TO THIS ADDRE           | the public which is to file (at<br>minutes to complete, inclu-<br>comments on the amount of<br>d Trademark Office, U.S. D<br>SS. SEND TO: Commission  | and by the USPTO to process)<br>ding gathering, preparing, and<br>time you require to complete<br>epartment of Commerce, P.O.<br>er for Patents, P.O. Box 1450, |

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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Chak Cheung Edward Ho et al. Examiner: Eric Chang Serial No.: 09/687.858

Filing Date: October 13, 2000

Confirmation No.: 8827 SIGNALING

Art Unit: 2116

Docket No.: 0100.0000780

Attorney Docket No.: 0100.0000780 Title: APPARATUS FOR SYNCHRONIZATION OF DOUBLE DATA RATE

Certificate of First Class Mailing

Mail Stop Issue Fee Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this paper is being deposited with the United States Postal Services as first-class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P. O. Box 1450, Alexandria, VA, 22313-1450, on this date.

December 30, 2005

## ISSUE FEE TRANSMITTAL

Dear Sir:

Enclosed herewith please find:

× Form PTOL-85 dated September 30, 2005, in duplicate;

× "Fee Address" Indication Form; and

× Return postcard.

Respectfully submitted,

Date: December 30, 2005

Christopher J. Reckamp Registration No. 34,414

Vedder, Price, Kaufman & Kammholz, P.C.

222 North LaSalle Street Chicago, Illinois 60601 Phone: (312) 609-7599 Fax: (312) 609-5005